

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10549263

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	0							